



REQUEST FOR KBI/DCF CHILD ABUSE REGISTRY CHECK FOR CHILD CARE FACILITIES

Directions: COMPLETE BOTH SIDES OF THIS FORM. All blank spaces must be completed; however, social security number is optional. Incomplete forms will be returned. If a person does not have a Maiden or other name, write N/A. DO NOT include children or youth for whom you provide services. **K.A.R. 28-4-125(c) requires the facility to keep a copy of the completed form on file.**

Type of Facility: ☐ Licensed Day Care Home ☐ Group Day Care Home ☐ Child Care Center ☐ Preschool ☐ Head Start Center ☐ School Age Program
☐ Drop In Program ☐ Child Care Resource & Referral Agency

Name of Facility exactly AS STATED ON THE LICENSE	License #	Date (MM/DD/YYYY)
Street Address of Facility	City	Zip Code
First and Last Name of the Individual Completing This Form	Phone Number	E-mail address

I. This request for background check is being completed to meet the requirements (CHECK ONLY ONE of the THREE OPTIONS BELOW):

- ☐ **Initial Application** (New Facility, Move, Program Change, or Change of Ownership)
☐ **Renewal Application**
☐ **Adding a New person(s) living, working or volunteering in the facility. The information provided on this form is to include** only the identifying information for new individual(s).

II. Check Yes or No for each question below with regard to the persons listed on this form. If yes, complete all the information in this section for the person.

The information provided on this form is to include: yourself; all other persons **10 years of age and older** living in the facility and all persons working and/or volunteering in the facility; all substitutes and other caregivers and staff including relief and support staff.

Yes	No		Name of Person	Date	Court of Action County and State
		Had a misdemeanor or felony conviction of a crime against persons, a sexual offense or crimes affecting family relationships and children?			
		Had a felony conviction under the uniform controlled substances act?			
		Been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent, or miscreant?			
		Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by DCF?			
		Had a child declared in a court order to be deprived or in need of care based on allegation of physical, mental or emotional abuse or neglect or sexual abuse?			
		Had parental rights terminated?			
		Signed a diversion agreement involving child abuse or a sexual offense?			
		Been found to be a disabled person in need of a guardian or conservator or both?			

Name of Facility exactly AS STATED ON THE LICENSE:	License #:	Date Completed (MM/DD/YYYY):
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ALL REQUIRED FIELDS ARE IDENTIFIED WITH AN ASTERISK *

PLEASE PRINT CLEARLY

FORMS NOT COMPLETE OR LEGIBLE WILL BE RETURNED

* First Name *	Middle Name	* Last Name *	Maiden/Alias Name	* Gender * (Circle One)	* Date of Birth * (MM/DD/YYYY)	Social Security Number	Phone Number
1.)				Female Male			
* Street *, * City *, * State *, * Zip code * (No PO address – only physical address acceptable)			* Role *	1. * Hispanic/Latino? * Y or N * 2. * Race (Circle Only One Below) *			
			Ex. Employee, Volunteer, Program Director, Resident (lives at facility address), Owner, etc.	Asian/Pacific Island White/Mexican/Puerto Rican/Other Caucasian Indian (AM/CAN/AK/ALUET/ESK)		Hawaiian/Part Hawaiian Black Chinese	Filipino Japanese Other Non-White
* First Name *	Middle Name	* Last Name *	Maiden/Alias Name	* Gender * (Circle One)	* Date of Birth * (MM/DD/YYYY)	Social Security Number	Phone Number
2.)				Female Male			
* Street *, * City *, * State *, * Zip code * (No PO address – only physical address acceptable)			* Role *	1. * Hispanic/Latino? * Y or N * 2. * Race (Circle Only One Below) *			
			Ex. Employee, Volunteer, Program Director, Resident (lives at facility address), Owner, etc.	Asian/Pacific Island White/Mexican/Puerto Rican/Other Caucasian Indian (AM/CAN/AK/ALUET/ESK)		Hawaiian/Part Hawaiian Black Chinese	Filipino Japanese Other Non-White
* First Name *	Middle Name	* Last Name *	Maiden/Alias Name	* Gender * (Circle One)	* Date of Birth * (MM/DD/YYYY)	Social Security Number	Phone Number
3.)				Female Male			
* Street *, * City *, * State *, * Zip code * (No PO address – only physical address acceptable)			* Role *	1. * Hispanic/Latino? * Y or N * 2. * Race (Circle Only One Below) *			
			Ex. Employee, Volunteer, Program Director, Resident (lives at facility address), Owner, etc.	Asian/Pacific Island White/Mexican/Puerto Rican/Other Caucasian Indian (AM/CAN/AK/ALUET/ESK)		Hawaiian/Part Hawaiian Black Chinese	Filipino Japanese Other Non-White
* First Name *	Middle Name	* Last Name *	Maiden/Alias Name	* Gender * (Circle One)	* Date of Birth * (MM/DD/YYYY)	Social Security Number	Phone Number
4.)				Female Male			
* Street *, * City *, * State *, * Zip code * (No PO address – only physical address acceptable)			* Role *	1. * Hispanic/Latino? * Y or N * 2. * Race (Circle Only One Below) *			
			Ex. Employee, Volunteer, Program Director, Resident (lives at facility address), Owner, etc.	Asian/Pacific Island White/Mexican/Puerto Rican/Other Caucasian Indian (AM/CAN/AK/ALUET/ESK)		Hawaiian/Part Hawaiian Black Chinese	Filipino Japanese Other Non-White